



Modified PTO/SB/30 (01-03)

OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**REQUEST FOR
CONTINUED
EXAMINATION (RCE)
TRANSMITTAL**Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number 09/834,833

Filing Date April 13, 2001

First Named Inventor Ramprakash Sathyanarayan

Art Unit 2177

Examiner Name I. Woo

Attorney Docket No. ORA010 US

RECEIVED

JUL 12 2004

Technology Center 2100

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114**

07/09/2004 RNEBRAHT 00000070 09834833

a. ☒ Previously submitted01 FC:1801
02 FC:1201770.00 OP
86.00 OPi. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(any unentered amendment(s) referred to above will be entered)ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____iii. ☒ Other Information Disclosure Statement dated October 6, 2003b. ☒ Enclosedi. ☒ Amendment/Reply (17 pages)iii. ☐ Information Disclosure Statement (IDS)ii. ☐ Affidavit(s)/Declaration(s)iv. ☐ Other _____2. **Miscellaneous**a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)b. ☐ Other _____3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.a. ☒ The director is hereby authorized to charge any underpayments or credit any overpayments, to Deposit Account No. 50-2263, for each of the following:i. ☒ RCE fee required under 37 CFR 1.17(e) _____ See attached Fee Transmittal _____ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)iii. ☒ Other Additional Claim Fee _____ See attached Fee Transmittal _____b. ☐ Check in the amount of \$ _____ enclosedc. ☒ Payment by credit card (Form PTO-2038 enclosed)**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)

Omkar Suryadevara

Registration No. (Attorney/Agent)

36,320

Signature

S. Omkar

Date July 6, 2004

Express Mail Label No.: EV 448 866 957 US

BEST AVAILABLE COPY